

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	GS 146
	First Inventor:	Paddy O'Shea et al.
	Title:	SURFACE MOUNT MULTICHIP DEVICES
	Express Mail Label No.:	ER 195968126 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="18"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="7"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input checked="" type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> IDS <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____ _____
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18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.

Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="text" value="27774"/>		or <input type="checkbox"/> Correspondence address below	
Name	Karin L. Williams				
Address	Mayer Fortkort & Williams, PC 251 North Avenue West, 2 nd Floor				
City	Westfield	State	NJ	Zip Code	07090
Country	U.S.A.	Telephone	908-518-7700	Fax	908-518-7795
Name	Karin L. Williams	Registration No.	36,721		
SIGNATURE	<i>Karin L. Williams</i>		Date	<input type="text" value="7/9/03"/>	

21906 U.S. PTO
10/617343
07/10/03

07/10/03
17175 U.S. PTO

FEE TRANSMITTAL

Patent fees are subject to annual revision

Complete if Known

Application Number	Unassigned
Filing Date	Filed Herewith
First Named Inventor	Paddy O' Shea et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	GS 146
TOTAL AMOUNT OF PAYMENT	(\$) 790

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number **50-1047**

Deposit Account Name **Mayer Fortkort & Williams**

☒ Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	750	201	375	Utility filing fee	750
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)750****

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
25	20	5	18	90
Independent Claims	1	3	0	0

Multiple Dependent

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	* Reissue independent claims over original patent
110	18	210	9	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)0****

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

SUBMITTED BY

Name (Print/Type) **Karin L. Williams**

Registration No. **36,721**

Telephone **908-518-7700**

Signature

Karin L. Williams

Date

7/9/03

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1440	218	720	Extension for reply within fourth month
128	1960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1280	241	640	Petition to revive - unintentional
142	1280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(c)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

Other fee (specify)

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$)40****

Complete (if applicable)

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Paddy O'Shea et al.

Docket No.

GS 146

Serial No.
UnassignedFiling Date
Filed HerewithExaminer
UnassignedGroup Art Unit
UnassignedInvention: **SURFACE MOUNT MULTICHIP DEVICES**

I hereby certify that the following correspondence:

New U.S. Patent Application*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

7/10/03*(Date)*Marjorie Scariati*(Typed or Printed Name of Person Mailing Correspondence)*Marjorie Scariati*(Signature of Person Mailing Correspondence)*ER 195968126 US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
GS 146

In Re Application Of: **Paddy O'Shea et al.**

Serial No.
Unassigned

Filing Date
Filed Herewith

Examiner
Unassigned

Group Art Unit
Unassigned

Title: **SURFACE MOUNT MULTICHIP DEVICES**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☐ the fee set forth in 37 CFR 1.17(p).

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
GS 146

In Re Application: Paddy O'Shea et al.

Serial No.
Unassigned

Filing Date
Filed Herewith

Examiner
Unassigned

Group Art Unit
Unassigned

SURFACE MOUNT MULTICHIP DEVICES

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F:

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

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I certify that this document and fee is being deposited on 7/10/03 with the U.S. Postal Service as ~~first class~~ ^{Express} mail under 37 C.F.R. ~~1.8~~ ^{1.79} and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Marjorie Scariati
Signature of Person Mailing Correspondence

Marjorie Scariati

Typed or Printed Name of Person Mailing Certificate

*This certificate may only be used if paying by deposit account.

Karin L. Williams
Signature

Dated: 7/9/03

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